

2028.02

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Attorney's Docket No.: AVNT-006PN

PATENT APPLICATION

02/27/02



Jc542 U.S. PTO

Express Mail Label No.: ET844496320US

Date of Deposit: February 27, 2002

Jc971 U.S. PTO

10/084031



02/27/02

## PATENT APPLICATION TRANSMITTAL LETTER

TO THE ASSISTANT COMMISSIONER FOR PATENTS  
**Box Patent Application**  
Washington, D.C. 20231

Transmitted herewith for filing is the original patent application of the following  
inventors: David S. SOANE, William WARE, Jr., and David A. OFFORD  
for the invention entitled: "Abrasion- and Wrinkle-Resistant Finish for Textiles".

Enclosed are:

- ☒ Application Data Sheet (3 pages)
- ☐ Nonpublication Certificate
- ☒ Specification having 14 pages, including 19 claim(s) and an Abstract
- ☐ Sheets of    Informal or    Formal Drawings
- ☒ Declaration (4 pages)
- ☒ Power of Attorney by Assignee
- ☐ Information Disclosure Statement, Form PTO-1449, and cc of references
- ☒ Assignment and Assignment Recordation Cover Sheet
- ☒ Fee Transmittal Sheet
- ☒ Credit Card Payment Form PTO-2038 for \$864.00
- ☒ Postcard indicating receipt of this application. Please date-stamp and return the postcard.

Respectfully submitted,

*Jacqueline S Larson*

Jacqueline S. Larson, Reg. No. 30,279  
Attorney for Applicant(s)  
P.O. Box 2426  
Santa Clara, CA 95055-2426

Date: Feb. 27, 2002

408-615-0502

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		not assigned	
		Filing Date	
		on Evendate Herewith	
		First Named Inventor	
		David S. Soane	
Examiner Name		not assigned	
Group Art Unit		not assigned	
Attorney Docket No.		AVNT-006PN	
TOTAL AMOUNT OF PAYMENT		\$864.00	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																														
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: <input style="width: 150px;" type="text"/> Deposit Account Name: <input style="width: 150px;" type="text"/> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non - English specification</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - 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103	18	203	9	Claims in excess of 20	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
102	84	202	42	Independent claims in excess of 3	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
104	280	204	140	Multiple dependent claim, if not paid	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
109	84	209	42	** Reissue independent claims over original patent	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
110	18	210	9	** Reissue claims in excess of 20 and over original patent	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
SUBTOTAL (2)					\$84.00																																																																																																																																																																																										

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Jacqueline S. Larson	Registration No. (Attorney/Agent)	30,279	Telephone
				408-615-0502
Signature				Date
				Feb. 27, 2002

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